

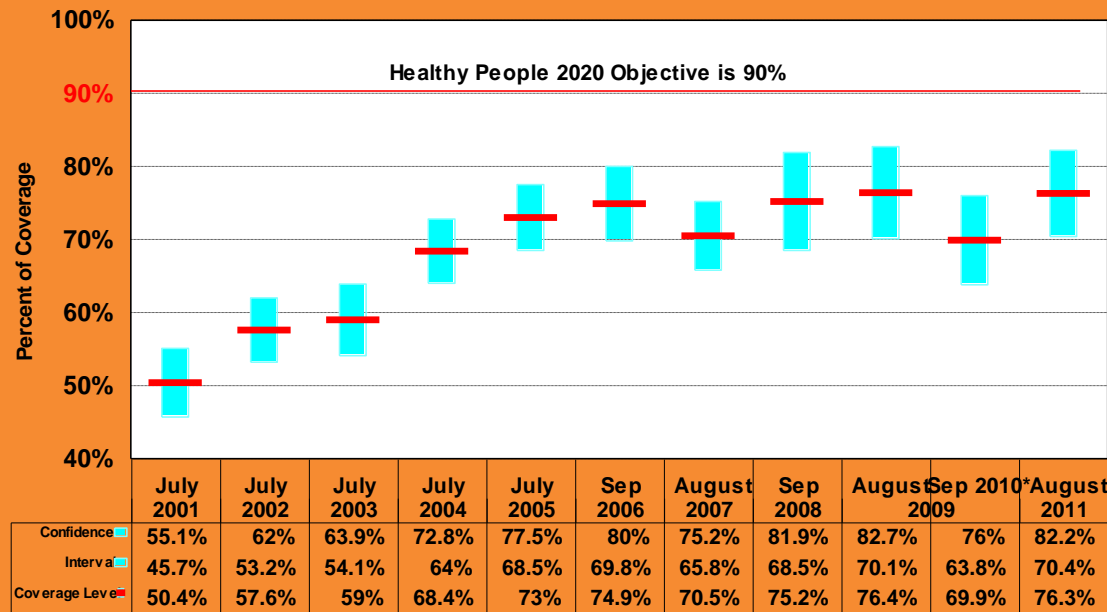
Arizona's Success! Billing for Immunizations and Moving Forward



Making System Change

Arizona National Immunization Survey Results

Children 19 to 35 Months Old with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, and 1 Varicella



*Please note: Hib vaccine shortage is reflected in the September 2010 coverage level for 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B and 1 Varicella.

Prepared by Arizona Immunization Program Office, Assessment Unit. Based on National Immunization Survey Data.

Working in partnership =

50% coverage level increase to 75% for babies

Funding Changes Threatened our Immunization Safety Net

State vaccine eliminated in 2009

Elimination of federal 317 vaccine for insured children going to public health departments in anticipation of the Affordable Care Act - 2013

Federal limits on vaccine for underinsured children and where they can be vaccinated - 2013

Poor vaccine reimbursement in PRIVATE and PUBLIC sectors

High investment in vaccine stock

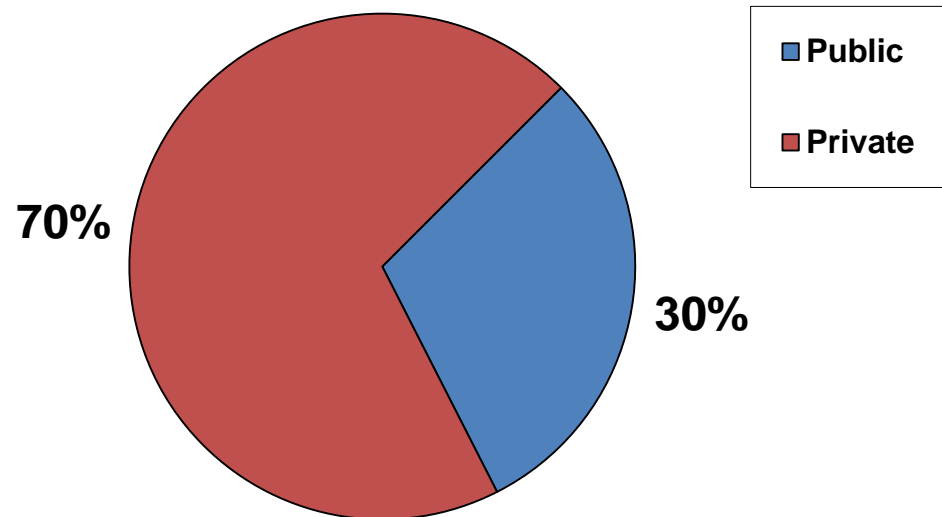
Inability of some privately insured children to access immunizations in their medical homes

Numbers of privately insured children going to public health departments had been increasing in recent years

The only available vaccine:

- Federal VFC vaccine in private and public sectors
- Privately purchased vaccine in private sector

It takes both private and public sectors to ensure children are fully immunized on-time

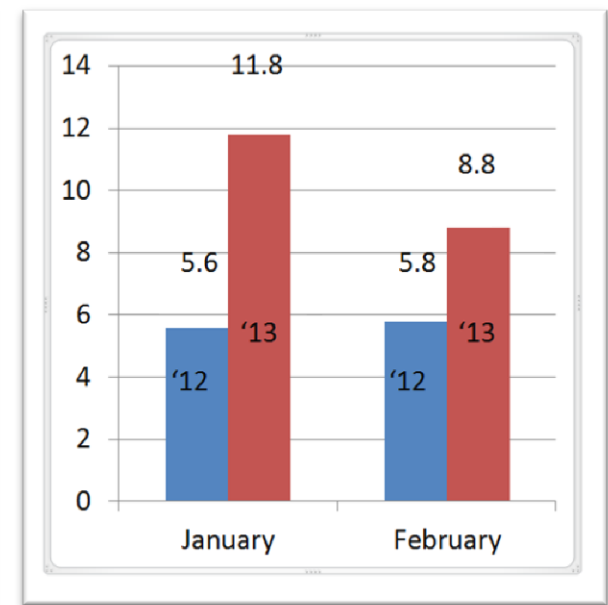
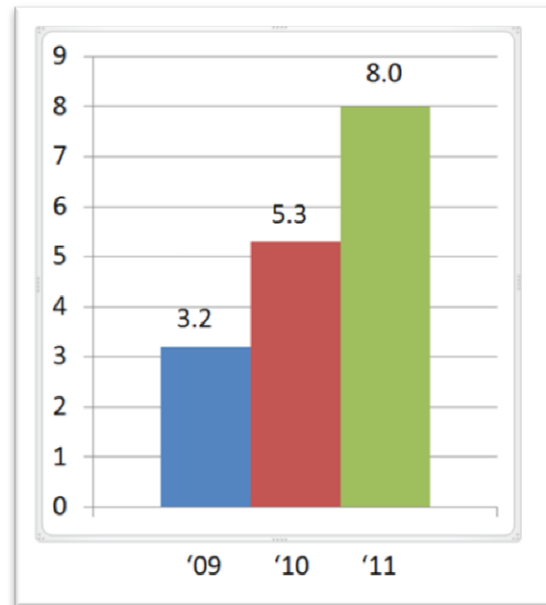


Source: Arizona Department of Health Services

Billing insurance companies for reimbursement was required for Public Health Departments to avoid turning children away

So the Private Doctors Send Kids to Counties...

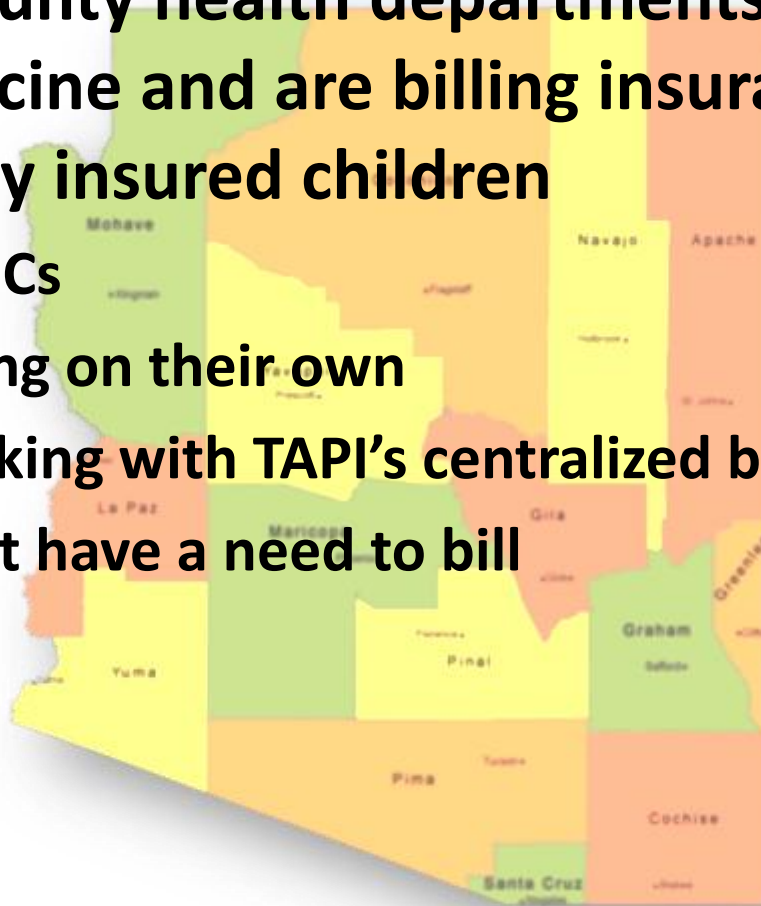
Percent of Children
at Maricopa County
Public Health
Immunization
Clinics who are
Insured



Public Health is not Business as Usual

Arizona Billing Programs...

- **14 of 15 county health departments purchased private vaccine and are billing insurance companies for privately insured children**
 - 2 are FQHCs
 - 3 are billing on their own
 - 9 are working with TAPI's centralized billing system
 - 1 does not have a need to bill



Impressive Work!

Contract with all health plans
Credential site and all providers
Contract with vaccine suppliers
Order and pay for private vaccine supply
Sign up for VFC
Sign up for ASIIS
Order VFC vaccine through state registry ASIIS
Accept shipment for vaccine/maintain cold chain
Refrigerate vaccine
Check refrigerator twice daily for temps
Insure vaccine
Schedule vaccine appointment
Check insurance and VFC eligibility
Gather accurate and complete insurance data
Verify insurance coverage for private

Check the patient record book
Check ASIIS for shot history
Screen patients for what's needed and contraindications
Council patient
Give VIS for every vaccine
Get parent signature on each vaccine
Draw up vaccine
Swab with alcohol
Inject vaccine
Band-Aid the site
Comfort the child
Update the parent record book
Record correct diagnosis code to record
Record CPT to record
Record NDC and lot number to record
Update EHR
Report to ASIIS
Inventory vaccine stock in refrigerator

Report dose by lot number and NDC to ASIIS for VFC
Fax temp logs to VFC
Send record to billing
Build claim in electronic system all 33 boxes
Send claim to clearinghouse and on to payers
Receive EOB with payment or denial
Rebill 15% of claims for denial
Adjust actual payment in billing system
Report payment to patient
Record in billing system
Bill patient directly for outstanding balance



Centralized Billing System

- \$4,474,924 in insurance reimbursements received since 2008 – April 9, 2014
- \$2,252,960 in reimbursements in 2013 alone

TAPI is Billing:

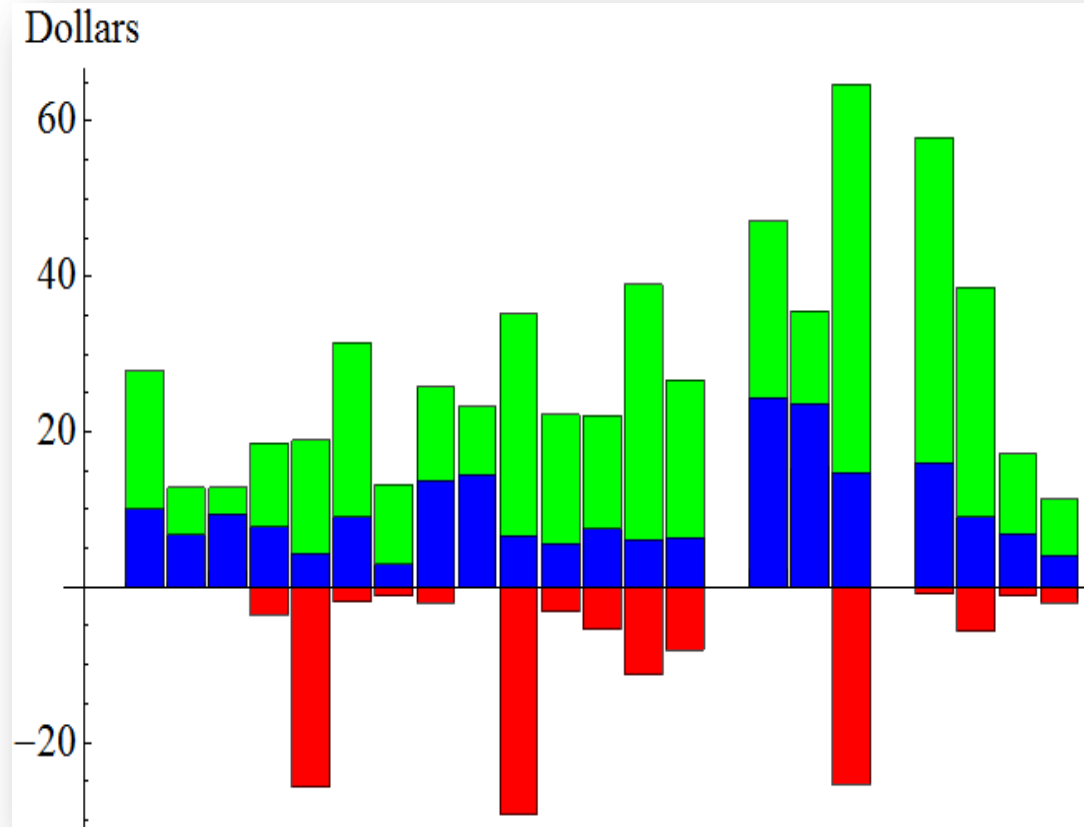
- 12 Managed Medicaid Plans for the administration fee only (using VFC vaccine)
- 6 contracted health plans cover 80% of insured lives in Arizona
 - In-network rates
 - Contracted rates with each plan are different and range from 22% below cost to 35% above cost.
- 135 plans for immunization services and receiving payments from 125.
 - While some of the smaller plans pay the full amount billed for vaccines the majority reimburse the LHD as an out of network provider at a much lower rate.
- This requires LHDs to purchase vaccine at the public rate so that they have enough coming in to replenish the private stock for the next privately insured patients.

Centralized system has efficiencies and staff with combined 40 years billing experience.

SUSTAINABLE!

Insurance Payments vs. Vaccine Cost

Net Yield:
Insurance
payment
minus
vaccine
purchase
price in
dollars



Legend:

- Green max yield
- Blue average yield
- Red min yield

Payments below cost

The Groundwork: Policy and Legislation

TAPI worked with Public Health, Medical Associations, and other Stakeholders

- AHCCCS adopted a policy exception to reimburse public health for childhood immunizations
- ARS 36-673 – Mandates that counties provide immunizations required for school at no cost
 - **Amended to allow for insurance reimbursement**
- Full reimbursement bill – Did not pass, strong opposition
 - **Resulted in compelled several health plans to voluntarily raise reimbursement rates on vaccines for all providers and to contract with LHDs after several years of failed negotiations**
- ARS 36-673 -- Health plans required to reimburse CHDs as in-network providers regardless of contract status.
 - **The plans have 90 days to implement a contract with the LHDs or default to in-network payments even without a contract in place.**

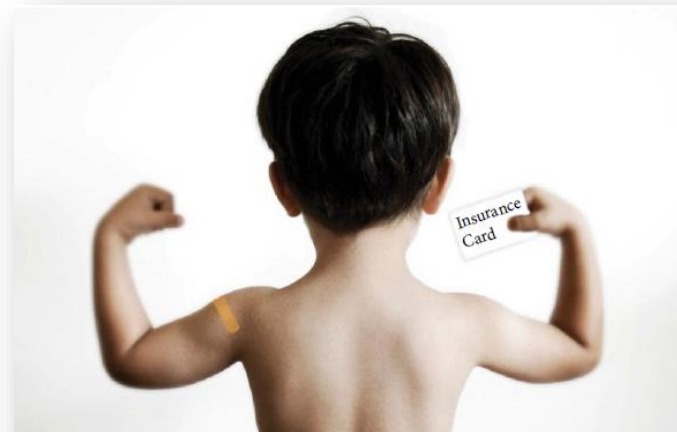
The Groundwork

- Vaccine purchasing rates were collected from each county and ongoing negotiation ensures all counties purchase the lowest rates available
- Most expensive vaccines reimbursements were analyzed to ensure adequate reimbursement for purchase price of all doses
- Hired contractor is renegotiating existing contracts and negotiating new contracts with health plans

The Groundwork

- Tools developed for private sector and public health for messaging changes – all to prevent missed opportunities to vaccinate!
 - Messaging campaign to keep children in their medical homes, as vaccine policy changes were occurring
 - Education for CHD patients as to why insurance cards are being asked for
 - Assisting CHDs with culture and systems changes
 - CME trainings for private providers on practice efficiency to sustain sufficient margins to continue purchasing and administering vaccine in the medical home
 - Vaccine coding updates to assist providers with ACA required coding changes

ACA - Public Health Billing Systems






Don't Forget Your Insurance Card!

Help keep PUBLIC HEALTH strong by following these 4 easy steps:

- Please bring your insurance card and immunization record to each county health immunization clinic visit.
- Please provide your insurance card to Public Health so your insurance company can be billed for your child's vaccines.
- Talk to a Public Health Nurse about your visit today, your insurance coverage or where to find a doctor.
- If your child is Native American or is uninsured, they can receive vaccines at no cost through the Vaccines for Children Program (VFC).

Thank you for doing your part to keep our community healthy and strong.



LOCATE a doctor **VISIT** StopTheSpreadAZ.org **CALL** 211

Immunization
Programs were
the first

AHCCCS Billing



**Keeping
Arizona
Kids
Strong**

AHCCCS Changes to Billing and Coding for Vaccines starting 1.1.2013

The Affordable Care Act "Bump" in payment for primary care services requires changes in the way vaccines are billed even for providers that are not eligible for the increased payment. (check eligibility on AHCCCS website. Attestation form will be posted mid February)

The claims need to be billed correctly to be paid for payment. Any claim not submitted correctly will have to be rebilled.

- Each individual injection should be billed under code 90460 for the admin fee of \$21.33 for those in the bump category or \$15.43 for those that don't qualify and then the vaccine code with \$0.00. All codes must have the SL modifier included.
- Each unique individual childhood injection, individual or a combo vaccine, given with counseling should be billed using 90460. Adult admin fees and childhood without counseling use 90471.
- The health plans are still making the necessary system changes to accept the new required codes. Correct claims that are submitted may be held temporarily until resolved. (May be as late as 3.31.13) Admin fees will be paid at the 2012 rate until the end of the year when CMS approves the "bump" plan and back payments for the increase will be paid to providers for dates of service after 1.1.2013.
- Until the health plans have their systems set providers can bill the immunization separate from the rest of the services so that the claims are not held due to the vaccine codes.
- E&M codes with Vaccines: Providers must use a 25 modifier with E&M codes when vaccines are given on the same date of service. Even if billed separately.

Visit TAPI.org for updates to vaccine financing changes and check the AHCCCS website daily for updates.

<http://www.azahcccs.gov/commercial/ProviderBilling/rates/PCSRates.aspx>

Providers: New Vaccine Codes and Instructions: February 2013



**Keeping
Arizona
Kids
Strong**

Examples: AHCCCS Changes to Billing and Coding for Vaccines

Vaccine Codes and Modifiers:

- Individual injections should be billed under code 90460 for the admin fee of \$21.33 for those in the bump category or \$15.43 for those that don't qualify and then the vaccine code with \$0.00. All codes must have the SL modifier included.

Vaccine Administration code with Vaccine and SL modifier			
Date of Service	Procedure	Charge	Units
0/1/13-1/1/13	90460 SL	\$21.33 or \$15.43	3
0/1/13-1/1/13	90700 SL	0.00	1
0/1/13-1/1/13	90655 SL	0.00	1
0/1/13-1/1/13	90707 SL	0.00	1

E&M Codes with Vaccines:

- Providers must use a 25 modifier with E&M codes when vaccines are given on the same date of service. Temporarily bill separately for vaccines.

E&M Code billed separately on same DOS as vaccine with 25 modifier			
Date of Service	Procedure	Charge	Units
0/1/13-1/1/13	(E&M Code) 25	\$xx.xx	1

CMS-1500 NDC Requirements:

- Enter the NDC Qualifier of N4 in the first 2 positions
- Followed by the 11-digit NDC (no dashes no spaces) and then a space
- Followed by the NDC Units of Measure Qualifier
- Followed by the NDC Quantity
- NDC Unit of Measure based on the numeric Quantity Administered and the unit of measurement. (if reporting a fraction use a decimal point). The units of measurement:
 - F2-International Unit
 - GR-Gram
 - ML-Milliliter
 - UN-Unit (each)

A		B		C		D	
DATE(S) OF SERVICE		Place of Service		PROCEDURE, SERVICES, OR SUPPLIES		(Explain Unusual Circumstances)	
From	To	MM	DD	YY	MM	DD	YY
MM	DD	YY	MM	DD	YY	CPHCPCS	MODIFIER
N400074115278	ML10						
07	01	12	07	01	12	11	J1642

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Providers: New Vaccine Codes and Instructions: February 2013



Make the Correct Referral...



Keeping Arizona Kids Strong

changed to federal funding will impact how you give kids vaccines

Private Providers	Community Health Centers	Indian Health Services	Hospitals	County Health Departments
Keep privately insured kids in the medical home. Public clinics cannot vaccinate them starting Oct 2012.	Vaccinate uninsured, Native American, AHCCCS and underinsured with VFC vaccine	Continue to use VFC vaccine	Use VFC vaccine for uninsured, Native American and AHCCCS	Vaccinate uninsured, Native American, AHCCCS and underinsured with VFC vaccine
Charge kids with high deductibles, out-of-pocket or HSA	Use privately purchased vaccine for privately insured kids even with a deductible	All Native Americans can receive VFC vaccine regardless of insurance status	Purchase private stock vaccine and bill for privately insured	Consider purchasing and billing for vaccines given to privately insured kids
Spring 2012: Send underinsured kids to county health depts or community health centers	Accept referrals for underinsured kids.	If you do bill private health plans for vaccines you must use privately purchased vaccine	Charge out of pocket or a HSA for babies with a high deductible plan.	Expect more underinsured kids from private providers starting in the Spring
Check newborns for the birth dose of Hep B. Some hospitals are not offering it	Can charge underinsured, Native Americans and uninsured patients a \$15.43 admin fee per shot if they can pay.			Refer privately insured and high deductible kids to medical home, retail sites or centers

VFC will be implementing "Dose by Dose" accountability using vaccine NDC and lot number to ensure only eligible children receive federally funded vaccines.

Visit WhyImmunize.org to "find a shot" and more about "2012 vaccine funding changes."

11/05/2012



Don't Forget Your Insurance Card!

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Thank you for doing your part to keep our community healthy and strong.



LOCATE a doctor

VISIT StopTheSpreadAZ.org

CALL 211



Keeping Kids Strong

Contact your child's doctor for their next well visit and immunizations by:

LOCATE a doctor

CALL 211

Available at WhyImmunize.org



Website Tools for Providers...

The screenshot shows the TAPI (The Arizona Partnership for Immunization) website. At the top, there is a navigation bar with tabs for PARENT, ADULT, TEEN, EMPLOYER, CHILD CARE, and PROVIDER. Below this is a search bar and a 'GO' button. A secondary navigation bar contains links: Home, About Us, Why Immunize, Vaccine Safety, Vaccine Preventable Diseases, Free Materials, CDC en Espanol, and Contact Us.

The main content area is divided into several sections:

- Left Sidebar:** A vertical list of links including ACIP Recommendations, Vaccine Safety, Surveillance Manual, Vaccine Info. Statements, ASIIS, AZDHS, CDC, Stop the Spread, VFC, 2012 Vaccine Funding, and ASIIS and EHR's.
- Top Center:** A banner titled 'Surround Our Babies with Vaccinated Families' with a photo of a baby and the URL www.WhyImmunize.org.
- Center:** An 'Upcoming Events' section listing dates and committee names (FEB 20, FEB 11, MAR 20, MAR 20) and a 'MORE' button. Below this is a large graphic titled 'Keeping Arizona Kids Strong' with the text 'changes to federal funding will impact how you give kids vaccines' and a link to '2012 Vaccine Funding Information - click here'. At the bottom of this section are logos for the Arizona Department of Health Services, the Arizona Center for Pediatrics, and TAPI, along with a pagination bar.
- Right Sidebar:** A 'Contact Us' section, 'ARIZONA VACCINE NEWS' by Dr. K. Lewis, M.D. with a 'MORE' button, a 'PINK BOOK' download link, and a 'Latest Blog Entries' section with two entries dated Jan 09 2013 and Oct 31 2012.

At the bottom of the page, there is a star icon and a status bar with the text: 'Situation Update: Summary of Weekly FluVie... - | FluView - Weekly Influenza Surveillance Re... - | Updated: Total doses of flu vaccine distri... - | NEI'.

Visit **TAPI.org**

Website tools for Patients...



Visit WhyImmunize.org

Future Opportunities

Affordable Care Act - Happy 4th Birthday



Future Opportunities

Affordable Care Act

- More people will have insurance coverage enabling them to be served in their medical home
- Public Health can assist providers, ACO's, hospitals and health plans with data and analysis for population-based assessments and outcomes requirements.
- Kidscare - example of ½ of this population being referred to the exchange and having higher premiums
- Decrease in uninsured population is expected to be less: 33.4% decrease in AZ vs. 53% nationwide average

- Urban Institute estimates based on ACS-HIPSM, prepared for the Kaiser Commission on Medication Uninsured, 2013.

Affordable Care Act...

- Plans must provide first dollar coverage for preventative services.
- Plans required to focus on community based health
- Pressure to decrease Federal spending so the funding can shift to new coverage.
- The need for public health funding will decrease as health insurance coverage expands.

Future Opportunities

Affordable Care Act

Some potential problems...

- 1st Dollar Coverage does not mean adequate payment to providers, so they still send patients to safety net services
- Small businesses do not need to comply
- Grandfathered plans do not need to comply until cost sharing ratios are significantly changed

Is Everyone Covered?

AZ is 80% small business

and

65% of commercially insured in Self Insured Plan

Managed Market Surveyor — State Profile

Arizona (January 2012)

Arizona Population	6,482,505
Commercial Enrollment	3,230,826
PPO Commercial (Fully Insured)	748,443
HMO Commercial (Fully Insured)	146,023
Point of Service (POS) (Fully Insured)	212,953
Employer Sponsored/Self Insured/ASO(1)	2,123,407
Medicaid Beneficiaries(2)	1,198,793
MCO Managed Medicaid	1,102,962
State Medicaid (Fee for Service / PCCM)	95,831
Medicare Eligibles(3)	973,543
Fee For Service (Parts A/B)	609,418
Medicare Advantage (MA-PDP)	364,125
Dual Eligible Population	123,460
Estimated Total With Coverage(4)	5,279,702
Uninsured	1,202,803

65% of Arizona
Insured through
Employer Self
Insured Plan

Grandfathered?

Grandfathered Plans...

Should You Remain in Your Grandfathered Health Plan?

When the Patient Protection and Affordable Care Act (PPACA) healthcare reform law was enacted on March 23, 2010, it created two categories of health plans: **Grandfathered health plans**—those in effect on or before March 23, 2010, that have not been modified in a way causing them to lose grandfathering; and **Non-grandfathered health plans**—those in effect after March 23, 2010, which had to be modified to meet the requirements of PPACA.

You are currently enrolled in a grandfathered health plan with Blue Cross Blue Shield of Arizona (BCBSAZ). The decision you make for your coverage as your policy renewal approaches will affect whether or not you retain your grandfathered status.

WHAT IS THE ADVANTAGE OF BEING IN A GRANDFATHERED HEALTH PLAN?

BCBSAZ anticipates that some of the new healthcare reform requirements that go into effect in January 2014 will cause health insurance plan rates to increase. As a member of a grandfathered health plan, many requirements that could increase rates will not apply—you can stay in the coverage that you have today.

WHAT WILL CAUSE THE LOSS OF GRANDFATHERED STATUS?

You will lose your grandfathered status if you:

- Switch from your current plan to one of BCBSAZ's "Plus" health plans
- Switch from your current plan to another insurer's health plan
- Cancel your current coverage (once you cancel, you cannot reactivate a grandfathered health plan)

Note: You can move to a different deductible option for your health plan without losing grandfathered status—this is a common way for members to lower their premium cost.

WHAT IF YOU REMAIN IN YOUR CURRENT GRANDFATHERED HEALTH PLAN?

1. Healthcare reform requires that non-grandfathered health plans include certain benefits—these are benefits you might not need or want for your health plan. Because your grandfathered health plan won't include certain healthcare reform requirements, you can help **keep premiums more affordable** by keeping your coverage.
2. You will be able to **retain your current health plan and deductible level even if the deductible is higher than PPACA allows starting in 2014**. This means you will not be required to move to a health plan with a lower deductible that could cost more.
3. You have the **flexibility to move to a higher deductible health plan option** (if available) with a lower premium without losing grandfathered status.

WHERE CAN I GO FOR HELP?

Making sense of healthcare reform can be challenging, but we are here to help. If you have additional questions, please call your Authorized BCBSAZ health insurance broker or call BCBSAZ at (602) 864-4115, or visit azblue.com/grandfatheredFAQ for frequently asked questions regarding grandfathered plans.

We look forward to continuing to provide you with quality health insurance and hope to be your health insurance company of choice for years to come.



An Independent Licensee of the Blue Cross and Blue Shield Association

- Keep Premiums more affordable
- Retain current deductible even if it is higher than PPACA allows
- Flexibility to move to higher deductible plan

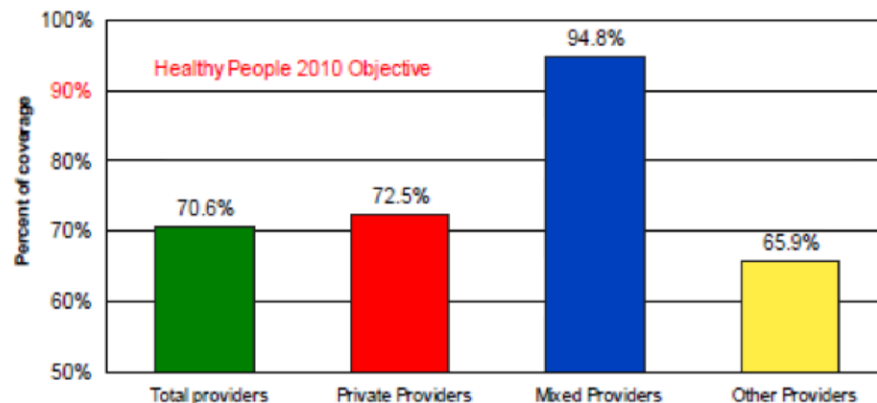
Note: You can move to a higher deductible plan without losing grandfathered status to keep premiums lower

50% TPAs not ACA

We need the Medical Home and Public Health Safety Net

Arizona National Immunization Survey Results August 2007

4:3:1:3:3:1 Coverage by Provider Type



Children immunized by "mixed providers" received vaccinations from more than one provider type. "Other" providers included hospitals, military facilities and unknown responses.

Prepared by Arizona Immunization Program Office, Assessment Unit. Source: August 2007 National Immunization Survey Data.

Increase private provider rates to 120% of retail

Reimburse the public health departments for vaccine given to privately insured patients

Future Opportunities

Expand billing to all public health services

Current Project in Maricopa County can help statewide

1. Policy research to identify barriers, solutions and opportunities

ACA requirements, State statutes, CMS regulations, AHCCCS policies, private insurance company policies

Some examples:

Statute requirements that CHDs provide services at no charge

AHCCCS: reimbursable services are deemed necessary by a do

Still seeing high deductibles despite ACA

Project to Expand Billing

2. Making the Case for Reimbursement and Integration in New Care-Coordinated System Policy research to identify barriers, solutions and opportunities

Identify top public health services and their impact in reducing morbidity/mortality and health care costs

Collect and analyze county utilization data and assess health care cost savings

Survey physicians about the most frequently referred services to public health

Present policy research and data to educate AZ leadership at stakeholder meeting in June

Project to Expand Billing

3. Assisting with Change

- Survey patients' reaction to providing insurance cards – emphasize that this won't affect services provided today
- Patient education about why they need to show insurance cards
- Identify top public health services and their impact in reducing morbidity/mortality and health care cost
- Sensitive culture and systems changes for Program Staff
 - Billing vs services had been free
 - Concern about turning patients away or patient reluctance to present for services
 - Concern about extra work
 - County staff can rely on TAPI billing staff have 40 years combined billing experience
 - Develop FAQs and procedures to assist with these issues

More Opportunities

- Feedback to federal level on the impact of their policies
- ICD-10
- Conversations with parents to get required insurance information
- Adult vaccines
- Medicare
- Electronic Health Record (EHR) systems are being implemented by some CHDs and TAPI
 - TAPI plans to use EClinical Works
- Retail pricing for vaccine purchases, once sustainability is determined
- Negotiating more favorable contracts – currently ongoing
- Advocacy for paving the way to bill for all public health services
- Opportunity to promote Public Health in emerging new care coordination system under ACA
- Public Health can assist health plans, ACO's and hospitals in meeting ACA community assessments and documenting population based health outcomes
- Assessing ACA roll-out in AZ and its impact on CHD programs

Private Clinic Set up in Public Health?

- Schedule appointments
- Call to verify exact coverage before patient comes in (online verification not antigen specific)
- Only take patients that are contracted in-network
- Charge out of pocket for copays, deductibles at appointment
- Balance bill any amount not collected from plan after billing

Not preventing outbreaks through herd immunity

Safety Net Misplaced



Public Health is not Business as Usual



System Wide Solutions

Public Clinics gathering data to make their case

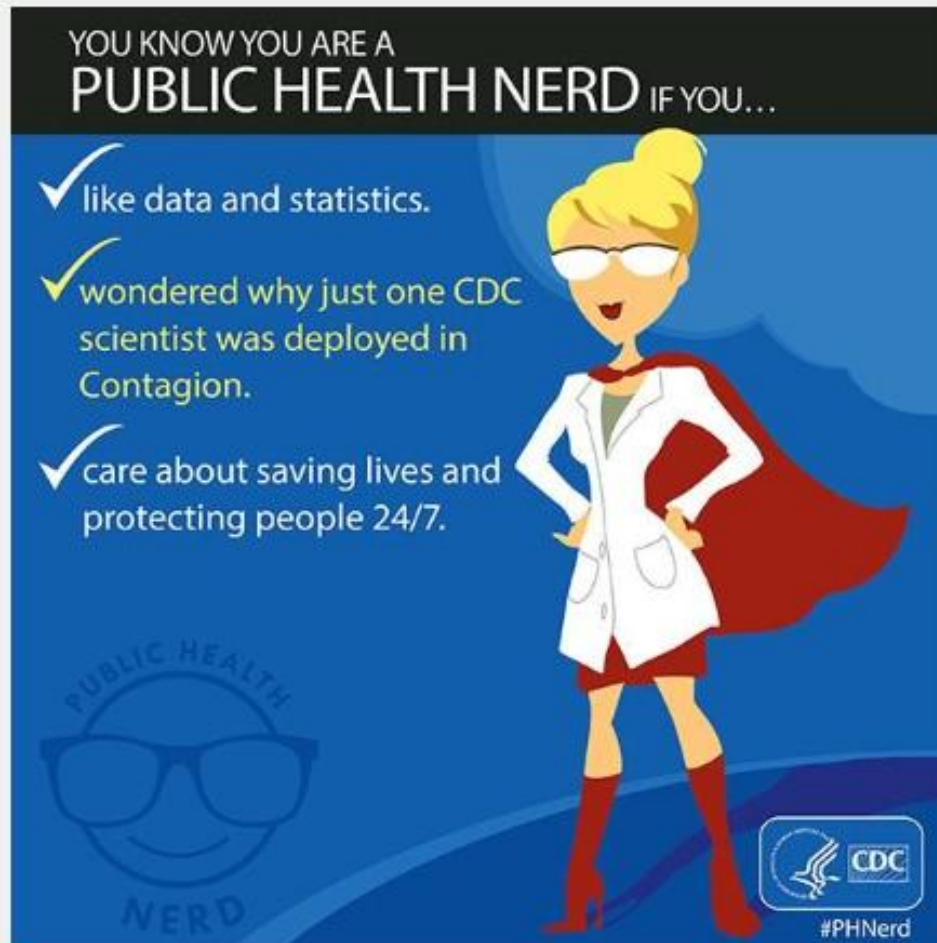
Improved referral information and systems =
partnering with the medical home

Rebuilding Public Health into a sustainable model =
better policy, more funding, revenue sources

Protecting patient trust

Selling Public Health as the hero!

Working Together



Discussion

- Challenges
- Opportunities
- Future Direction

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